



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

## I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH BLOOMINGTON HOSPITAL

City of Hospital: Bloomington

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-0051

Statement One: Summary of Revenue and Expenses
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## 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$597974359
Outpatient Patient Service Revenue	\$790803065
Total Gross Patient Service Revenue	\$1388777424

## 2. Deductions From Revenue

Contractual Allowance	\$966534753
Other Deductions	\$-1468064
Total Deductions	\$965066689

## 3. Total Operating Revenue

Net Patient Service Revenue	\$423710735
Other Operating Revenue	\$13935305
Total Operating Revenue	\$437646040

## 4. Operating Expenses

Salaries and Wages	\$108664906	Employee Benefits	\$27747385
Depreciation and Amortization	\$16123402	Interest Expense	\$1064696
Bad Debt	\$21092311	Other Expenses	\$180217631
Total Operating Expenses	\$354910331		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$82735709	Total Assets	\$565973688
Net Non-operating Gains over Loss	\$20326823	Total Liabilities	\$565973688

Total Net Gains	\$103062532
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$650959884	\$534438357	\$116521527
Medicaid	\$244899490	\$217141393	\$27758097
Other Government	\$20156058	\$16323326	\$3832732
Other State	\$0	\$0	\$0
Other Payers	\$472761992	\$197163614	\$275598378
Total	\$1388777424	\$965066690	\$423710734

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$73843	\$-73843

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$18332	\$-18332

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$637487	\$-637487
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	2
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	13358

Statement Six: Charity Statement
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Hospital Charity Charges	\$20038631
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4398480	
HCI Payments	\$0		
Subtotal	\$0	\$4398480	\$-4398480
Medicaid Shortfalls	\$60850078	\$70368568	
Subtotal	\$60850078	\$74767048	\$-13916970
DSH Payments	\$0		
Subtotal	\$60850078	\$74767048	\$-13916970
Medicare Shortfalls	\$88477474	\$100320296	
Other Government Programs	\$0	\$0	
Total	\$149327552	\$175087344	\$-25759792

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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